U S Department of Labor Office of Labor-Management Standards Washington

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U /24/22	2 Fiscal Year Covered From
	1/1/2004 Through 12/31/2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name James M. Zamora	Name Roofers Waterproofers Alliel workers #1/
	Labor Organization File Number 0/8-962
PO Box Bidg Room No If any PO Box 638	P O Box Building and Room Number if any
Street	Street 9838 W Roosevelt Rd
CITY WORTH //C	city West Chester
State 1 L ZIP Code + 4 60480-0633	State / C ZIP Code + 4 60\$54
Enter appropriate data below if during the past fiscal year you or your s (except as specified in the ex	nouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions)
Enter appropriate data below if during the past fiscal year you or your s (except as specified in the ex A. Held an interest in engaged in transactions (including loans) with a monetary value from an employer whose employees your organiza	clusions set forth in the instructions)
(except as specified in the ex A. Held an interest in engaged in transactions (including loans) with	clusions set forth in the instructions)
(except as specified in the ex A. Held an interest in engaged in transactions (including loans) with monetary value from an employer whose employees your organiza	or derived income or other economic benefit of tion represents or is actively seeking to represent
A. Held an interest in engaged in transactions (including loans) with monetary value from an employer whose employees your organizate. 6 Name and address of Employer (including trade name if any)	or derived income or other economic benefit of tion represents or is actively seeking to represent
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Form LM 30 (2003)

See BACK US Page)

Name of Person Filing	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name	a Labor Organization	
Trade Name if any	b Trust	
P O Box Bldg Room No If any	_ c Employer	
Street		
City State ZIP Code + 4		
	dd a Natura of anabada Dag	
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Trade Name if any	,	
PO Box Bldg Room No If any		
The control of the co	11 b Approximate dollar value of such dealing	
City	12 a Nature of interest held or income received	
State ZIP Code + 4		
	1 1	
	,	
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	
Name	!	
Trade Name if any	1	
PO Box Bidg Room No If any	s ·	
Street Street		
City		
State ZiP Code + 4	1	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.	

U.S Department of abor Tollice of Labor-March lement Standards
Washington DC 23210

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For Official Use Or P	LLY BEFORE PREPARING THIS REPORT
E READ THE INSTRUCTIONS CAREFUL	
1 File Number U 12423	2 Fiscal Year Covered From:
·	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and addni a of person filing	4 Name (lie number and address of labor organization
Name Thomas Zidek	Name United Steelworkers
	Labor Organization File Number 000-094
PO Box Bidg 1' form No if any	PO Box Building and Room Number if any
Street 9746 Hirtinique Drive	Street Five Gateway Center
Chy Concord Township	Cay Pittsburgh
State Ohio ZIP Code + 4 44060	State Pennsylvania ZIP Code + 4 15222
5 Position in labor organization Staff Representative	1 1 1/2 1
$1 - \frac{1}{2} + $	ouse or minor child-directly c. unifireally had any of the following interests in the instruments:
A Hold an interest tin, engaged in transactions (including leans) with or monetary value 1 om an employer whose employees your organizations.	relatived income or other economic benefit of
A Hold an internet in, engaged in transactions (including leans) with or	relatived income or other economic benefit of
A Hold an internet tim, engaged in transactions (including lears) with or monetary value 1 orn an employer whose employees your organizations.	derived income or other economic benefit of the section of the sec
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A Hold an interest tim, engaged in transactions (including leans) with or monstery value 1 orn an employer whose employees your organization. 6. Name and address of Employer (including trade name if any) Name Trade Name if any	derived income or other economic benefit of the section of the sec
A Hold an interest tim, engaged in transactions (including lears) with committery value i orn an employer whose employees your organization. 6. Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bidg., I com No if any	derived income or other economic benefit of the representation of pactively seeking to represent. 7.a. Nature of Interest, Transaction or Income
A Hold an interest tim, engaged in transactions (including learns) with or monstary value i orn an employer whose employees year organizations (including trade name if any) Name Trade Name if any P.O. Box Bidg. I com No if any Street	derived income or other economic benefit of the representation of pactively seeking to represent. 7.a. Nature of Interest, Transaction or Income
A Hold an internet tim, engaged in transactions (including leans) with or monetary value 1 orn an employer whose employees your organization (including trade name if any) Name Trade Name if arry P.O. Box Bidg., I com No if any Street ZIP Code + 4	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.8 Nature of Interest, Transaction or Income 7.9 Amount.
A Hold an interest tim, engaged in transactions (including leans) with or monetary value i orn an employer whose employees your organization. 6. Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bidg. I com No if any Street ZIP Code + 4 ing 15. Signature is at verification. The undersigned declares under penalty of	derived income or other economic benefit of lion represents or is actively seeking to represent. 7.a. Nature of interest, Transaction or income 7.b. Arnount. 7.b. Arnount. Perpury and other applicable penalties of the law that all of the information was decuments) has been examined by the etimatory and is to the best of the
A Held an internet tim, engaged in transactions (including leans) with or monetary value 1 orn an employer whose employees your organization (including trade name if any) Name Trade Name if ar y P.O Box Bidg. I com No if any Street ZIP Code + 4 State ZIP Code + 4	derived income or other economic benefit of lion represents or is actively seeking to represent. 7.a. Nature of interest, Transaction or income 7.b. Arnount. 7.b. Arnount. Perpury and other applicable penalties of the law that all of the information was decuments) has been examined by the etimatory and is to the best of the
A Hold an interest tim, engaged in transactions (including leans) with or monetary value i om an employer whose employees your organization. 6. Name and addra is of Employer (including trade name if any) Name Trade Name if any P.O. Box Bidg. I com No if any Street City State ZIP Code + 4 is submitted in this report (including the information currence is any accounts and accounts acco	derived income or other economic benefit of liber represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction or income 7.b. Amount. 7.b. Amount. Pergury and other applicable penalties of the law that all of the information ying documents) has been examined by the eignatory and is to the best of the examples in the instructions.

Name of Person Filing Thomas Zadek	Fite Number U-	
B Held an interest it or derived income of economic behefit with monetary value from a business (1) a substantial part of wich consists of buying from, selling or lest long or otherwise dealing with the business of an employee with a employees your labor organization reprisents or is actively seeking to represent or (2) any part of which consists of buying from or salling or lessing directly or indirectly to or otherwise dealing with your lat or organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name # sny) Name Anthem Lue Cross/Blue Shield	9 Business deals with	
Trade Name If an /	a Labor Organization	
PO Box Bidg Room No If any	b Trust	
Street 6740 North High Street	C. Employer	
State Ohio ZIP Code + 4 4 1085 -		
10 #9b or9c h thecked give trust or employer's name	11 a Nature of such dealing	
Name	Health Insurance Vendor	
Trade Name if ar ;		
PO Box, Bidg From No Famy		
Street	11 b Approximate dollar value of such dealing [50]	
State ZIP Codo + 4	12.a Nature of interest hald or income received Golf Outing (100 00)	
	12.b Amount. \$100	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any pryment of money or other thing of value		
13.a Name and at tress of Employer or Labor Relations Consultant (including trait : name, if any)	14 a Nature of payment.	
Name		
Trade Name If ary		
PO Box Bldg., Feem No if any		
Street		
State ZIP Codq + 4		
13.b is the Business an Employer or Consultant ?	14 b. Amount of payment.	